

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101501731
APPLICANT(S)

FILING DATE

1161051 CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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TOTAL IND.

2

TOTAL DEP.

49

TOTAL CLAIMS

51

TOTAL IND.

2

TOTAL DEP.

2

TOTAL CLAIMS

2